STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF COMMUNITY BASED CARE SERVICES
BUREAU OF BEHAVIORAL HEALTH

COMMUNITY MENTAL HEALTH PROGRAM REAPPROVAL REPORT

WEST CENTRAL SERVICES
DBA
WEST CENTRAL BEHAVIORAL HEALTH

MAY 6, 2010

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF COMMUNITY BASED CARE SERVICES
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ACRONYMS AND DEFINITIONS

Acronyms	***Definitions***
BBH	Bureau of Behavioral Health
BOD	Board of Directors
CEO	Chief Executive Officer
CFO	Chief Financial Officer
CMHP	Community Mental Health Program
CSP	Community Support Program
DCBCS	Division of Community Based Care Services
DHHS	Department of Health and Human Services
EBP	Evidence Based Practice
ED	Executive Director
ES	Emergency Service
FSS	Functional Support Services
GOI	General Organizational Index
IOD	Institute on Disability
IMR	Illness Management and Recovery
ISP	Individual Service Plan
MOU	Memorandum of Understanding
NAMI-NH	National Alliance for the Mentally Ill – New Hampshire
NHH	New Hampshire Hospital
PRC	Dartmouth Psychiatric Research Center
OCFA	Office of Consumer and Family Affairs
OCLS	Office of Client and Legal Services
OIII	Office of Improvement, Integrity and Information
PSA	Peer Support Agency
QI	Quality Improvement
REAP	Referral, Education, Assistance and Prevention
SFY	State Fiscal Year
SURS	Surveillance Utilization Review Subsystems
SE	Supported Employment
TCM	Targeted Case Management Services
UNH	University of New Hampshire
WCBH	West Central Behavioral Health

EXECUTIVE SUMMARY

In accordance with State of New Hampshire Administrative Rule He-403 Approval and Reapproval of Community Mental Health Programs, reviews of community mental health programs (CMHP) occur upon application and thereafter every five years. The purpose of He-403 is to define the criteria and procedures for approval and operation of community mental health programs. A reapproval review of West Central Behavioral Health (WCBH) in Lebanon, NH occurred on February 2-6, 2009. The review team included staff from the Department of Health and Human Services (DHHS), the Bureau of Behavioral Health (BBH) and the Office of Improvement, Integrity and Information (OIII).

WCBH submitted an application for reapproval as a CMHP that included:

- A letter requesting Reapproval;
- A description of all programs and services operated and their locations;
- The current strategic plan;
- A comprehensive listing of critical unmet service needs within the region;
- Assurances of compliance with applicable federal and state laws and rules;
- The Mission Statement of the organization;
- A current Board of Director list with terms of office and the towns represented;
- The By-Laws;
- The Board of Director (BOD) meeting minutes for calendar year 2008;
- The current organizational chart;
- Various job descriptions;
- The current Quality Improvement Plan;
- The current Disaster Response Plan.

Additional sources of information prior to the site visit included:

- The New Hampshire Public Mental Health Consumer Survey Project (December 2008);
- Evidence Based Practice (EBP) Fidelity Reviews for Illness Management and Recovery (IMR) and Supported Employment (SE);
- Five year trend BBH eligible consumers;
- BBH Community Mental Health System Annual Report of Financial Condition for Fiscal Year 2008 with Five Year Financial Trend Analysis;
- A Public Notice published in local newspapers soliciting feedback regarding the CMHP;
- A letter to constituents identified on the WCBH mailing list soliciting feedback regarding the CMHP;
- Staff surveys soliciting information from WCBH staff regarding training, supervision, services and CMHP operations.

The site visit to WCBH included:

- Review of additional documentation including: orientation materials for new BOD members; the Policy and Procedure Manual; Interagency Agreements and Memorandums of Understanding (MOU); a sample of personnel files;
- Interviews with the BOD, the CMHP Management Team, the Chief Financial Officer (CFO), Human Resources Director.

The findings from the review are detailed in the following focus areas; Governance; Services and Programs, Human Resources; Policy; Financial; Quality Improvement and Compliance; Consumer and Family Satisfaction. The structure of the reports includes the Administrative Rule Requirement, team observations, team recommendations, and a text area for the CMHP response.

The following is a summary of the recommendations included in the report:

- The CMHP BOD must be in compliance with its own by-laws and recruit one to three additional members to the BOD. The BOD may want to consider a broader acceptable range in number of members to allow for fluctuations that may occur;
- The BOD must review and approve the WCBH Policy Manual;
- The CMHP document and keep on file the required orientation elements for BOD members;
- A copy of the current annual evaluation for all staff, including the CEO, must be kept in the personnel files;
- The disaster response plan be reviewed and approved by the BOD;
- The continued development of EBPs, specifically IMR and SE services including increase in penetration rates, decreasing caseload rates, developing outcome measures and incorporating peer supports;
- WCBH develop individual service planning documentation that fosters the development of consumer centered goals and objectives. Once developed, the approved documentation should be used at all sites;
- Service delivery documentation be modified to include all required elements in He-M 408 including the specific ISP goal and objective being addressed at the time the service is being delivered;
- Complete annual substance use screens for all adults and children over 12 years of age;
- The core case management activities of assessment, referral and monitoring be added to case management service descriptions;
- Develop an "elder services team" as described in the 2007 – 2009 WCBH Strategic Plan;
- Develop specific outreach services to homeless persons with mental illness;
- Explore ways to serve ethnic, cultural, sexual and other minority populations in the region;
- Explore opportunities to enhance relationships with other local service providers including: Peer Support Agencies (PSA); state and local housing agencies; the area agency; homeless services providers. These relationships might include liaison, education and training and consultation services;
- Personnel files be monitored for completeness at least annually at the time of the performance review. It is also recommended that a check off sheet be created for the inside cover of each personnel file to facilitate tracking of required elements;
- Personnel files include a current job description that can be reviewed and updated as necessary at the time of the annual performance evaluation;
- A copy of the current NH license and documentation of Board Eligibility or Board Certification in Psychiatry of the Medical Director should be kept on file at the agency;
- That a comprehensive and consolidated policy manual be developed, reviewed, signed and dated by the BOD. At a minimum the policy manual must address the policy requirements outlined in He-M 403.07 (1) through (6);
- Orientation for all new staff providing services to persons with mental illness;
- Develop a corrective action plan to closely monitor cash flow and the ongoing financial condition of WCBH;
- Submit the monthly ratio schedule completed by BBH to the BOD;
- The information technology disaster recovery plan should be completed;

- Develop internal controls to ensure that all administrative rules are adhered to prior to any billing of services;
- Assure that all services be ordered by a physician prior to being provided and billed;
- BBH QI and Compliance Reports be shared with the BOD and utilized in planning activities;
- Continue to conduct and document internal quality improvement and compliance activities;
- Explore ways to include consumer and family input into quality improvement and planning activities;
- Share the NH Public Mental Health Consumer Survey Project Report with the BOD and utilize this information in planning activities.

PURPOSE, SCOPE AND METHODOLOGY

Staff from the NH DHHS, BBH and OIII, conducted an on-site review of WCBH on February 2-6, 2009. Members of the review team included Karen Orsini, Michael Kelly, Joy Cadarette, Elizabeth Fenner-Lukaitis, Ann Driscoll and Alan Harris. The review was conducted as part of a comprehensive reapproval process that occurs every five years in accordance with Administrative Rule He-M 403.

A brief meeting was held to introduce the team members and discuss the scope and purpose of the review. In an effort to reduce the administrative demands on agencies, the annual QI and Compliance review was conducted during the reapproval visit. Please note that the results of the eligibility determination review are not fully included in this document and have been sent as a separate report. Two structured interviews were conducted as part of the site visit, one with the Management Team and another with the Board of Directors.

A brief exit meeting was conducted on February 6, 2009 and was open to all staff. Preliminary findings were reviewed and discussed at that time.

Prior to the visit, members of the team reviewed the following documents: (Available at BBH)

- Letter of application from WCBH requesting reapproval as a community mental health center;
- Critical unmet service needs within the region;
- Assurances of compliance with applicable federal and state laws and rules;
- Description of all programs and services operated and their locations;
- Current strategic plan;
- Mission Statement of the organization;
- Current Board of Director list with terms of office and the towns represented;
- Board of Director By-Laws;
- Board of Director meeting minutes for calendar year 2008;
- Current organizational chart;
- Job descriptions for Chief Executive Officer, Medical Director, Children's Coordinator, Older Adult Coordinator, and Case Manager;
- Current Quality Improvement Plan;
- Current Disaster Response Plan;
- The WCBH contract with BBH;
- Results of SFY 2007 Adult and Child Eligibility Review;
- The findings of the previous reapproval report;
- Fiscal manual;
- Billing manual;
- Detailed aged accounts receivable listings for SFY 2007 and SFY 2008;
- Job Descriptions for all accounting and billing staff.

The onsite review at WCBH included an examination of the following:

- Board of Director policies;
- Orientation materials for new Board of Director members;
- Board of Director approved Policy and Procedure Manual;
- MOUs or Interagency Agreements including those with but not limited to:
    - Peer Support Agencies;
    - Housing Authorities;

    - Homeless Shelters;
    - Substance Use Disorder Programs;
    - Area Agencies;
    - Vocational Rehabilitation;
    - Division for Children, Youth and Families;
    - Other Human Services Agencies;
    - Adult and Children's Criminal Justice organizations;
    - NAMI-NH.
- Policies and procedures for:
    - Clients Rights;
    - Complaint Process/Investigations.
- Management Team Minutes for calendar year 2008;
- Personnel files for:
    - Chief Executive Officer;
    - Medical Director.

A Public Notice of the CMHP's application for Reapproval was published in NH's statewide and local newspapers distributed in the region in an effort to solicit comments from the communities served.

In addition, BBH sent letters soliciting feedback from agencies within the region with which WCBH conducts business.

Employee surveys were sent to WCBH staff during the review process soliciting anonymous feedback regarding various issues relevant to employee satisfaction. The results are summarized in this report.

Information was gathered from a variety of additional sources from different times within the previous approval period. Observations and recommendations are based on the information published at that time. Sources of information include:

- The New Hampshire Public Mental Health Consumer Survey Project (December 2008);
- EBP Reviews for IMR and SE;
- Five year trend BBH eligible consumers;
- BBH Community Mental Health System Annual Report of Financial Condition for Fiscal Year 2008 with Five Year Financial Trend Analysis.

The findings from the review are detailed in the following focus areas: Governance; Services and Programs, Human Resources; Policy; Financial; Quality Improvement and Compliance; and Consumer and Family Satisfaction. The structure of the report includes the Administrative Rule Requirement, team observations, team recommendations, and a text area for the CMHP response.

AGENCY OVERVIEW

WCBH is a nonprofit, community-based, mental health organization serving the needs of individuals and families in New Hampshire's lower Grafton and Sullivan Counties.

WCBH has served the mental health needs of the people in lower Grafton and Sullivan Counties for more than 30 years. In that period of time, it has grown from a small organization of 6 people to one that has over 200 staff and an annual budget of more than 12 million dollars.

From the beginning, WCBH has been associated with the Department of Psychiatry at the Dartmouth Medical School. One of the building blocks that became WCBH was the outreach program of the Department of Psychiatry. This association with the Department of Psychiatry and specifically the Dartmouth Psychiatric Research Center (PRC) helped to form the organization. WCBH values and has a strong emphasis on improving the quality of clinical services provided.

Mission Statement:

> "West Central Behavioral Health's mission is to promote, preserve and strengthen the mental health and quality of life in our community. We commit ourselves to deliver behavioral health services to people in need, to train others to skillfully offer these services, and to increase knowledge and understanding in our field."

WCBH provides a comprehensive array of recovery and resiliency oriented community based mental health services for children, adults and older adults. These services include: intake assessment services; psychiatric diagnostic and medication services; psychiatric emergency services; targeted case management services; individual, group, and family psychotherapy; evidenced based practices including SE and IMR; services for persons with co-occurring disorders; functional support services; employment services; residential services; respite care; outreach services; education and support to families and consultation services.

WCBH has a website (**http://www.wcbh.org**) which includes information on treatment programs, consumer and family information, emergency services information, program locations and phone numbers, fundraising, web links and resources.

The towns served by WCBH include:

Acworth	Dorchester	Langdon	Orford
Canaan	Enfield	Lebanon	Plainfield
Charlestown	Goshen	Lempster	Springfield
Claremont	Grafton	Lyme	Sunapee
Cornish	Grantham	Newport	Unity
Croydon	Hanover	Orange	Washington

SECTION I. GOVERNANCE

Administrative Rule He-M 403.06 defines a CMHP as an incorporated nonprofit program operated for the purpose of planning, establishing and administering an array of community-based mental health services.

This administrative rule requires that a CMHP shall have an established plan for governance. The plan for governance shall include a BOD who has responsibility for the entire management and control of the property and affairs of the corporation. The BOD shall have the powers usually vested in a BOD of a nonprofit corporation. The responsibilities and powers shall be stated in a set of bylaws maintained by the BOD.

A CMHP BOD shall establish policies for the governance and administration of the CMHP. Policies shall be developed to ensure efficient and effective operation of the CMHP and adherence to all state and federal requirements.

Each BOD shall establish and document an orientation process for educating new board members. The orientation shall include information regarding the regional and state mental health system, the principles of recovery and family support and the fiduciary responsibilities of board membership.

At the time of the review WCBH was in substantial compliance with all the requirements referenced above.

REQUIREMENT: WCBH Bylaws require between 14 and 16 members.

OBSERVATION I-A:

The BOD list provided at the time of the review (FY 2009 Board List) indicated 13 voting BOD members.

RECOMMENDATIONS I-A:

The CMHP BOD must be in compliance with its own by-laws and recruit one to three additional members to the BOD. The BOD may want to consider a broader acceptable range in number of members to allow for fluctuations that may occur.

CMHP RESPONSE I-A:

REQUIREMENT: He-M 403.05 (e) A CMHP Board of Directors shall establish policies for the governance and administration of the CMHP and all services through contracts with the CMHP. Policies shall be developed to ensure efficient and effective operation of the CMHP-administered service delivery system and adherence to requirements of federal funding sources and rules and contracts established by the department.

OBSERVATION I-B:

Though the WCBH Policy Manual was reviewed and approved by the CEO and Medical Director on January 14, 2009, there is no indication of BOD review and approval.

RECOMMENDATION I-B:

The BOD must review and approve the WCBH Policy Manual.

CMHP RESPONSE I-B:

REQUIREMENT: He-M 403.05 (f) Each Board of Directors shall establish and document an Orientation Process for educating new Board Members regarding:

(1) The regional and state mental health system;
(2) The principles of recovery and family support; and
(3) The fiduciary responsibilities of board membership.

OBSERVATION I-C:

There is no documentation of an orientation process for new BOD members.

RECOMMENDATION I-C:

It is recommended that the CMHP document and keep on file the required orientation elements for BOD members.

CMHP RESPONSE I-C:

REQUIREMENT: He-M 403.05 (h) (3) The Senior Executive Officer shall be evaluated annually by the CMHP Board of Directors/Advisory Board to ensure that services are provided in accordance with the performance expectations approved by the board, based on the Regional Plan, and the Department's rules and contract provisions.

OBSERVATION I-D:

BOD minutes reflect an evaluation of the CEO in November 24, 2008. However, a copy of the evaluation was not included in the CEO's personnel file.

RECOMMENDATION I-D:

A copy of the current annual evaluation for all staff, including the CEO, must be kept in the personnel files.

CMHP RESPONSE I-D:

REQUIREMENT: He-M 403.06 (a) (8) A CMHP shall provide the following, either directly or through a contractual relationship: Planning, coordination, and implementation of a regional mental health Disaster Response Plan.

OBSERVATION I-E:

The disaster response plan is reviewed and approved by the CEO and Safety Committee Chair but not the BOD.

RECOMMENDATION I-E:

403.03 (b) (1) states that the BOD is responsible for the entire management and control of the CMHP. It is recommended that the disaster response plan be reviewed and approved by the BOD.

CMHP RESPONSE I-E:

SECTION II: SERVICES AND PROGRAMS

Administrative Rule He-M 403.06 (a) through (f) requires that a CMHP provide a comprehensive array of community based mental health services. The priority populations include children, adults and older adults meeting BBH eligibility criteria per Administrative Rule He-M 401.

BBH has prioritized EBPs, specifically IMR and SE. CMHPs are also required to offer Targeted Case Management to the BBH eligible population. These requirements are specified in Administrative Rule He-M 426.

Emergency mental health services and intake services are required to be available to the general population. Emergency mental health services are also required to be available 24 hours a day, seven days a week. These requirements are specified in Administrative Rule He-M 403.

The CMHP must provide outreach services to people who are homeless. The CMHP must also collaborate with state and local housing agencies to promote access to housing for persons with mental illness.

Assessment, service planning and monitoring activities are required for all services per Administrative Rules He-M 401 and He-M 408.

Each CMHP is required to have a Disaster Response Plan on file at BBH per Administrative Rule He-M 403.

At the time of the review WCBH was in substantial compliance with all the requirements referenced above.

REQUIREMENTS:

He-M 403.05 (d) (3) Enhance the capacity of consumers to manage the symptoms of their mental illness and to foster the process of recovery to the greatest extent possible.

He-M 403.06 (a) (15) A CMHP shall provide the following, either directly or through a contractual relationship: Mental illness self-management and Rehabilitation Services (IROS) pursuant to He-M 426, including those services provided in community settings such as residences and places of employment.

ADDITIONAL INFORMATION SOURCE:

IMR Fidelity Review Reports – The General Organizational Index (GOI) Penetration Review Section. The GOI review is intended to measure the structural components that exist in an agency that will facilitate the delivery of EBPs such as IMR. The anchor points on the GOI scale are defined for each individual item, and can be roughly thought of as ranging from a one (1) corresponding to not implemented in this program at this time, to a five (5) indicating that the item is fully implemented. Only those sections with a score of one (1) or two (2) at the time of the review are referenced below. Recommendations are based on the findings from that review period.

IMR Penetration	1	2	3	4	5
The maximum number of eligible consumers are served by the EBP, as defined by the ratio: # consumers receiving EBP / # consumers eligible for EBP	Ratio ≤ .20	Ratio between .21 and .40	Ratio between .41 and .60	Ratio between .61 and .80	Ratio > .80

OBSERVATION II-A:

IMR Penetration is defined as the percentage of consumers who have access to an EBP as measured against the total number of consumers who could benefit from the EBP. In the case of IMR the percentage of consumers expected to be interested in IMR services is 80%. Numerically, this proportion is defined by:

$$\frac{\text{\# of consumers receiving an EBP}}{(\text{\# of consumers eligible for the EBP} * 0.8)}$$

The Lebanon IMR Team Leader provided the numbers for this rating. These numbers are reflective of the number of adult consumers (age 18-59) with one of four primary diagnoses (i.e., Bipolar Disorder, Major Depression, Schizoaffective Disorder, or Schizophrenic Type Disorder) who either received or are/were receiving IMR/eligible for services between 1/08 and 6/09. The denominator reflects the current number of state eligible consumers in the entire CSP program at WCBH.

$$\frac{130 \text{ consumers received IMR}}{334 \ (417 * .80) \text{ consumers eligible for IMR}} = .39 \text{ ratio}$$

The IMR review of June 11-12, 2009 identified WCBH as having a penetration ratio of ". 39".

RECOMMENDATION II-A:

It is recommended that strategies to increase penetration over the last year continue to be utilized.

CMHP RESPONSE II-A:

		Lebanon	Claremont		
Individualized Treatment	**1**	**2**	**3**	**4**	**5**
For all EBP consumers, there is an explicit, individualized treatment plan related to the EBP that is consistent with assessment and updated every 3 months.	≤20% of consumers served by EBP have an explicit individualized treatment plan related to the EBP, updated every 3 mos.	21%-40% of consumers served by EBP have an explicit individualized treatment plan related to the EBP, updated every 3 mos.	41%-60% of consumers served by EBP have an explicit individualized treatment plan, related to the EBP updated every 3 mos. OR Individualized treatment plan is updated every 6 mos.	61%-80% of consumers served by EBP have an explicit individualized treatment plan related to the EBP, updated every 3 mos.	>80% of consumers served by EBP have an explicit individualized treatment plan related to the EBP, updated every 3 mos.

OBSERVATIONS II-B:

Individualized treatment for all consumers should include an explicit, individualized treatment plan that is reviewed every 3 months. *"Individualized"* means that goals, steps to reaching the goals, services, interventions, and duration should be unique to the individual consumer.

Several consumers had the goal of "developing optimal mental health" which does not appear to be person centered. Documentation regarding treatment planning in Lebanon and Claremont varied in format and quality.

In addition, service notes often lacked linkage to the specific goals and objectives in the service plan, making it difficult to assess the flow and outcomes of individualized treatment.

Lebanon was rated of 2 out of 5 and Claremont rated of 3 out of 5 in these areas.

RECOMMENDATIONS II-B:

It is recommended that WCBH develop individual service planning documentation that fosters the development of consumer centered goals and objectives. Once developed the approved documentation should be used at all sites.

He-M 408.09 Documentation of Service Delivery and Outcomes requires that documentation of service delivery include the ISP goal and objective being addressed. It is recommended that service delivery documentation be modified to include all required elements in He-M 408 including the specific ISP goal and objective being addressed at the time the service is being delivered.

CMHP RESPONSE II-B:

Outcome Monitoring	1	2	3	4	5
Supervisors/program leaders monitor the outcomes for EBP consumers every 3 months and share the data with EBP practitioners. Monitoring involves a standardized approach to assessing a key outcome related to the EBP, e.g., psychiatric admissions, substance abuse treatment scale, or employment rate.	No outcome monitoring occurs	Outcome monitoring occurs at least once a year, but results are not shared with practitioners	Standardized outcome monitoring occurs at least once a year and results are shared with practitioners	Standardized outcome monitoring occurs at least twice a year and results are shared with practitioners	Standardized outcome monitoring occurs quarterly and results are shared with EBP practitioners

OBSERVATION II-C:

Supervisors and program leaders monitor the outcomes of EBP consumers every 3 months and share the data with EBP practitioners in an effort to improve services. Outcome monitoring involves a standardized approach to assessing consumers. Systematic and regular collection of outcome data is imperative in evaluating program effectiveness and the results used to improve the quality of services.

RECOMMENDATION II-C:

An outcome measure should be developed or acquired for the purpose of providing the agency with feedback on the impact of IMR on consumers served. Outcome data should be collected, analyzed and shared with IMR practitioners.

CMHP RESPONSE II-C:

REQUIREMENTS:

He-M 403.06 (a) (5) a. Provide supports and opportunities for consumers to succeed at competitive employment, higher education and community volunteer activities;

He-M 403.06 (a) (5) b. 1-3. Vocational Assessment and Service Planning; competitive employment and supported work placements; and employment counseling and supervision:

ADDITIONAL INFORMATION SOURCE:

SE Fidelity Review Reports - The General Organizational Index (GOI) Penetration Review Section. SE fidelity reviews are conducted in order to determine the level of implementation and adherence to the evidenced based practice model of the CMHP's SE program. A SE fidelity score was determined following the review.

The anchor points on the GOI scale are defined for each individual item, and can be roughly thought of as ranging from a one (1) no implementation, to a five (5) full implementation. Only those sections with a score of one (1) or two (2) are referenced below:

OBSERVATION II-D:

Research shows that 60% of consumers voice a desire to work over the course of any given year. At the time of the fidelity review there were 512 eligible consumers aged 18-59, served by the CMHP. There were 54 consumers involved in SE services during that time resulting in a penetration rate of less than 20% and a fidelity rating of one (1) out of five (5).

RECOMMENDATIONS II-D:

WCBH is encouraged to actively market the SE program to the eligible population in an effort to increase the penetration rate.

CMHP RESPONSE II-D:

OBSERVATIONS II-E:

Outcome monitoring involves a standardized approach to assessing consumers. Systematic and regular collection of outcome data is imperative in evaluating program effectiveness and use the results to improve the quality of services.

Preliminary outcome monitoring occurs at least once a year, but results are not shared with practitioners. The Center has begun some tracking efforts regarding employment. This area was given a fidelity rating of two (2) out of five (5).

RECOMMENDATIONS II-E:

It is recommended that outcome measures be explored and then collected, analyzed and shared with SE practitioners.

CMHP RESPONSE II-E:

REQUIREMENT: He-M 403.06 (a) (5) Discrete Employment Services for adults with mental illness which: (a) Provide supports and opportunities for consumers to succeed at competitive employment, higher education and community volunteer activities.

OBSERVATION II-F:

The BBH SE Fidelity Review of March 2008 resulted in a total score of 67 that ranks WCBH as having "Good Supported Employment implementation" (Range: 66-75). However, the report identifies a concern that at least 38 consumers were waiting for SE services. The report further identifies the need for two additional positions to provide access to SE services.

RECOMMENDATION II-F:

Research from a number of studies has indicated that services are most effectively offered to consumers when employment specialists have caseloads of less than 25. The CMHP should strive for caseloads of no more than 25 consumers per employment specialist.

CMHP RESPONSE II-F:

REQUIREMENT: He-M 403.06 (a) (5) Discrete Employment Services for adults with mental illness: b. 4. Peer supports, such as job clubs and client support groups;

OBSERVATION II-G:

The CMHP reported that peer supports were not currently utilized at the time of the review.

RECOMMENDATION II-G:

It is recommended that the CMHP explore ways of developing peer support within SE practices.

CMHP RESPONSE II-G:

REQUIREMENTS: He-M 403.06 (a) (7) (c) Coordinate with and refer individuals to consumer operated peer support programs such as telephone support lines, where available.

He-M 403.06 (a) (14) A CMHP shall provide the following, either directly or through a contractual relationship: Consultation, as requested, and support to consumer-operated programs to promote the development of consumer self-help/peer support.

OBSERVATION II-H:

The relationship with the PSA has varied over time.

RECOMMENDATION II-H:

It is recommended that the CMHP explore opportunities to collaborate with the PSA. This could include shared trainings, public education efforts, general referrals to the PSA and referrals to warmline services.

CMHP RESPONSE II-H:

REQUIREMENT: He-M 403.06 (a) (9) A CMHP shall provide the following, either directly or through a contractual relationship: Outreach to persons with mental illness who are homeless for the purpose of engaging such persons in the service system and providing non-office-based diagnostic and treatment services;

OBSERVATION II-I:

WCBH does not have a formal program for outreach to homeless persons with mental illness. WCBH does not receive PATH funding.

RECOMMENDATION II-I:

It is recommended that WCBH explore ways to develop specific outreach services to homeless persons with mental illness.

CMHP RESPONSE II-I:

REQUIREMENT: He-M 403.06 (10) (a) through (c): A CMHP shall provide the following, either directly or through a contractual relationship: Services to emergency shelters and providers of services to homeless persons, including: Liaison services to assure service coordination and problem solving; Education and training of staff in topics regarding mental illness, psychiatric medications, available treatments and services, and other relevant topics; and on site consultation regarding specific individuals with mental illness.

OBSERVATION II-J: WCBH does not have a designated liaison to homeless service providers; does not provide education and training to homeless shelter staff; and does not provide on site consultation to homeless shelter staff regarding mental health issues.

RECOMMENDATION II-J:

It is recommended that WCBH explore ways to develop liaison, education and training and consultation services to homeless shelter staff.

CMHP RESPONSE II-J:

REQUIREMENT: He-M 403.06 (a) (11) A CMHP shall provide the following, either directly or through a contractual relationship: Collaboration with state and local housing agencies and providers to promote access to existing housing and the development of housing for persons with mental illness, including home ownership and rental options.

OBSERVATION II-K:

WCBH has identified adequate and affordable housing for persons with mental illness as an unmet need in the region. Collaboration with state and local housing agencies and providers to promote access to existing housing and the development of housing for the priority population appears limited to the Referral Education Assistance & Prevention (REAP) program.

RECOMMENDATION II-K:

Continue to explore methods of collaboration with state and local housing agencies.

CMHP RESPONSE II-K:

REQUIREMENT: He-M 403.06 (e) Services provided to elderly persons residing in community settings.

OBSERVATIONS II-L:

It is acknowledged that the 2007 – 2009 WCBH Strategic Plan identifies mental health needs specific to the growing older adult population. In addition WCBH provides a residential and restorative partial hospitalization program for older adults.

However, other community based services for older adults appear to be provided by adult

program staff rather than distinct older adult services staff. The lack of specific case management services for older adults was previously mentioned in the WCBH Reapproval Report of 2003.

Though a job description for an Older Adult Services Coordinator was submitted with the application, older adult services were not identified on the organizational chart submitted.

RECOMMENDATION II-L:

Continue the development of an "elder services team" as described in the 2007 – 2009 WCBH Strategic Plan. In addition it is recommended that the organizational chart for the CMHP include older adult services.

CMHP RESPONSE II-L:

REQUIREMENT: He-M 403.06 (f) A CMHP shall make services available to persons who have both a mental illness pursuant to He-M 401 and a developmental disability pursuant to He-M 503.

OBSERVATION II-M:

Although the management team reported some communication with the local area agency, services to persons with both mental illness and developmental disability appear to be limited. There were no specific services identified in the application, brochures or on the web site. The BOD reported a lack of coordination with the area agency.

RECOMMENDATION II-M:

It is recommended that WCBH explore ways of strengthening its relationship with the area agency.

CMHP RESPONSE II-M:

REQUIREMENT: He-M 403.06 (l) A CMHP shall provide services that are responsive to the particular needs of members of minority communities within the region.

OBSERVATION II-N:

Services to minority populations in the area are somewhat limited. The WCBH management team identified a need for Spanish speaking staff and staff with expertise in working with children of gay and lesbian couples.

RECOMMENDATION II-N:

It is recommended that WCBH continue to explore ways to serve ethnic, cultural, sexual, and other minority populations in the region.

CMHP RESPONSE II-N:

REQUIREMENT: He-M 403.06 (a) (1) Intake assessment which shall address substance abuse history and at risk behaviors and determination of eligibility pursuant to He-M 401.

OBSERVATION II-O:

FY 2008 BBH QI and Compliance reports reflect that 78% of adult records and 47% of child records contained annual substance use screens. It must be noted that the compliance rating for annual substance use screens for adults has declined in each of the two years since FY 2006.

RECOMMENDATION II-O:

The CMHP must complete annual substance use screens for all adults and children over 12 years of age. The WCBH corrective action plan dated August 19, 2009 indicates the agency's computer system will be updated to allow for better monitoring and increased compliance with this requirement.

CMHP RESPONSE II-O:

REQUIREMENT: He-M 403.06 (a) A CMHP shall provide the following, either directly or through a contractual relationship: (2) Case Management pursuant to He-M 426.14

OBSERVATION II-P:

Case management services are listed in the application, agency brochures and on the website, however the service activities are not described.

RECOMMENDATION II-P:

It is recommended that the core case management activities, assessment, referral and monitoring be added to case management descriptions.

CMHP RESPONSE II-P:

SECTION III: HUMAN RESOURCES

The CMHP is responsible for determining the qualifications and competencies for staff based upon its mission, populations served and the treatment and services provided. An organization's personnel policies define what the agency can expect from its employees, and the employees can expect from the agency.

The BOD is responsible to review and approve the CMHP's written personnel policies. The policies should be reviewed on a regular basis to incorporate new legal requirements and organizational needs. Every employee should review a copy of the policies.

The BBH team reviewed a sample of WCBH personnel records to assure compliance with Administrative Rule He-M 403.05 (g) through (i) and He-M 403.07 (a) through (e) including current licensure, resumes, training documentation and background checks.

In addition, an anonymous survey was distributed to WCBH staff at the time of the review. A total of 210 surveys were distributed and 72 were returned for a response rate of 34%. The focus of the survey was questions regarding training, recovery orientation of the agency, consumer focus, agency responsiveness to consumer, impact of funding restrictions and supervision. Included below is a summary of responses in both narrative and aggregate form.

At the time of the review WCBH was in partial compliance with all the requirements referenced above.

REQUIREMENT: He-M 403.05 (h) (3) The Senior Executive Officer shall be evaluated annually by the CMHP Board of Directors/Advisory Board to ensure that services are provided in accordance with the performance expectations approved by the board, based on the Department's rules and contract provisions.

OBSERVATION III-A:

There was no current evaluation of the Senior Executive Officer on file at the time of the review.

RECOMMENDATION III-A:

Annual performance evaluations must be conducted and kept on file for all staff including the Senior Executive Officer.

CMHP RESPONSE III-A:

REQUIREMENT: He-M 403.05 (i) (2) Each program shall employ a Medical Director who shall Possess a valid license to practice medicine in the United States.

OBSERVATION III-B:

The current license of the Medical Director was not on file at the time of the review. The licenses on file from both NH and VT had expired. Verification of current NH licensure was found at http://www4.egov.nh.gov/medicineboard/disclaimer.aspx.

RECOMMENDATION III-B:

A copy of the current NH license of the Medical Director should be kept on file at the agency.

CMHP RESPONSE III-B:

REQUIREMENT: He-M 403.05 (i) (3) Each program shall employ a Medical Director who shall be Board Eligible or Board Certified in Psychiatry according to the regulations of the American Board of Psychiatry and Neurology, Inc., or its successor organization at the time of hiring.

OBSERVATION III-C:

There was no documentation of Board Eligibility or Board Certification in Psychiatry for the Medical Director on file at the agency at the time of the review. Verification of current Board certification was found at:
http://www4.egov.nh.gov/medicineboard/disclaimer.aspx.

RECOMMENDATION III-C:

Documentation of Board Eligibility or Board Certification in Psychiatry for the Medical Director should be kept on file at the agency.

CMHP RESPONSE III-C:

REQUIREMENT: The table below consolidates the findings regarding the requirements in He-M 403.07 (b) through (e) pertaining to documentation found in personnel files.

OBSERVATIONS III-D:

WCBH HUMAN RESOURCES TABLE												
He-M	**Requirement**	**Personnel Files**										
		1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**% Compliance**
He-M 403.07 (b)	Annual performance evaluation	N	N	N	N	Y	Y	Y	N	N	N	70%
He-M 403.07 (c)	Staff development plan	N	N	N	N	Y	Y	Y	N	N	N	70%
He-M 403.07 (d)	Documentation of ongoing training	Y	Y	N	Y	Y	Y	Y	N	N	N	60%
He-M 403.07 (e)	Documentation of Orientation training	N	N	Y	Y	Y	Y	Y	N	N	N	50%
He-M 403.07 (e) (1)	Does Orientation include the Local and State MH System	N	N	N	N	N	N	N	N	N	N	0%
He-M 403.07 (e) (2)	Does Orientation include an overview of mental illness and current MH practices	N	N	N	N	N	N	N	N	N	N	0%
He-M 403.07 (e) (3)	Does Orientation include Applicable He-M Administrative Rules	N	N	N	N	N	N	N	N	N	N	0%
He-M 403.07 (e) (4)	Does Orientation include the local service delivery system	N	N	N	N	N	N	N	N	N	N	0%
He-M 403.07 (e) (5)	Does Orientation include Client Rights training	N	N	N	N	N	N	N	N	N	N	0%

RECOMMENDATIONS III-D: It is recommended that personnel files be monitored for completeness at least annually at the time of the performance review. It is also recommended that a check off sheet be created for the inside cover of each personnel file to facilitate tracking of required elements.

PLEASE NOTE: He-M 403 has been revised since the site visit and now includes the following requirement:

He-M 403.07(b) A CMHP shall conduct criminal background checks and a review of the Office of Inspector General's List of Excluded Individuals/Entities for each newly hired and re-hired staff member. In addition, motor vehicle record checks shall be conducted for staff that will be transporting consumers pursuant to employment.

Future reviews will include verification of compliance with this administrative rule.

CMHP RESPONSE III-D:

OBSERVATION III-E:

It was noted that personnel files do not include a copy of the current job description.

RECOMMENDATION III-E:

It is recommended that all personnel files include a current job description that can be reviewed and updated as necessary at the time of the annual performance evaluation.

CMHP RESPONSE III-E:

As part of the Reapproval process, BBH requested that a CMHP staff survey be distributed. The surveys are completed, returned in a sealed envelope and the results compiled for inclusion in this report. The results of the survey are outlined below for consideration by WCBH.

STAFF SURVEY RESULTS
2009

1. Does your agency provide job-related training?

Yes	No	No Answer
59/72	4/72	9/72
82%	6%	12%

a. How would you rate your agency's staff training effects?

Poor	Fair	Good	No Answer
3/72	21/72	37/72	11/72
4%	29%	51%	15%

b. How responsive is your agency to your training requests? (Give examples)

Poor	Fair	Good	No Answer
2/72	13/72	44/72	13/72
3%	18%	61%	18%

1. Does your agency provide job-related training?

1. Don't know.
2. I haven't seen an in-house CEU training in over a year here. If budgets allow they can sometimes compensate, but it's a crapshoot and not transparent. That said, they are flexible about time off for training and are sometimes able to provide basic training.
3. As a relatively new employee, I have not yet made my requests.
4. I was approached by my supervisor and asked if I wanted to attend both: 1 hour in-house presentation regarding research also a 4 hour day workshop – fee paid by charitable donation because the training is associated with research and evidenced based therapy.
5. Very rarely will the agency actually pay to have someone come in to do a training. We rely on peers training peers primarily. Very limited funding to attain CEU's. No money to pay for license renewals even though many insurance companies require licensed staff.
6. I think so but I don't know anything about it.
7. I have attended several seminars provided by DHMC. These seminars are very helpful.
8. I am a very part time assistant janitor and most of this does not apply to me.
9. Having a lot more educational in-services during supervision. Could use more safety training esp. with new staff.
10. When we either change formats or take on a new development we can get all the training we ask for.

a) How would you rate your agency's staff training effort?

1. N /A – Not applicable because am interested in finding my own training; they do provide workshop time off; they used to provide financial assistance as well, but no more.
2. Little reimbursement toward attending trainings to maintain licensure. Little/few free trainings offered by agency.
3. Our director asks what topics we would like additional info on. This leads to a once monthly training from out staff, mainly psychiatrists and emergency services. We also have trainings from outside educators/organizations. We also have the ability to apply to go to outside trainings. We have an allowance of several hundred dollars each, every year.
4. Depends on the program you are in – good to poor.

b) How responsive is your agency to your training requests? (Give examples)

1. They have been responsive to my taking time for workshops I paid for.
2. Nobody can do it – they are too busy. We will do it next week then it never happens.
3. I don't know. I just teach the Child Impact class once a month and was trained only by watching others teach the class once by going over the curriculum notebook myself.
4. We expressed interest in PDD spectrum and agency set up an all day training with Dr. Chin. I've never had a training request denied.
5. There is only $200 per individual allocated for external conferences. Also, no financial assistance for the cost/expense of licensure renewal. There is on going internal training and time allocated for team consultation and team adherence study (for DBT).
6. I rarely ask for training – external – too busy trying to keep up with job demands.
7. In 2008 I was able to attend out of agency trainings they have been very beneficial to my work with clients-trauma related trainings.
8. IMR trainings – we've been asked what topics we want to know more about. Also, very open to attending conferences of interest.

9. There have been times when training funds were unavailable so we were unable to get reimbursed for outside conferences due to financial cutbacks.
10. My training requests are always answered.
11. Whenever I have had questions in regards to paperwork it is usually taken care of quickly either with individual training or a group training.
12. Does not pay for or provide workshops.
13. Quick approval of outside conferences. Setting up internal team based training Re: new C.D. Revocation Process within 1 week of new procedures.
14. I have been given support to attend some trainings outside of the agency. However, I have repeatedly requested training in key aspects of my job (specifically trauma recovery techniques) and nothing has happened with this and it's been four years.
15. We provide ongoing supervision on evidence-based practices for trauma. We address training held in meetings as well and use colleagues as resources.
16. Asked for training on autism spectrum and all child staff were able to attend a training on the topic.
17. Request for appropriate conferences is approved.
18. As a psychiatrist ample time is given for CMEs during the year and options to make money that goes toward continuing medical education.
19. Responsive if I want to attend a training that is relevant to the work and population I am involved in. on-line training is encouraged due to financial reasons.
20. Office support staff are not offered training.
21. I feel it could be beneficial to clients to have clinicians trained in EMDR – from what I understand, it is free if enough people are to be trained. I am not sure why this request is being declined.

2. Does your agency provide training in recovery philosophy?

Yes	No	No Answer
40/72	11/72	21/72
56%	15%	29%

2. Does your agency provide training in recovery philosophy?

1. What is recovery philosophy?
2. Unsure – I work with children only.
3. No idea.
4. I am not exactly sure what you mean by recovery philosophy. The model of therapy provided is often evidenced based and about recovery from alcohol, drugs and co-occurring disorders.
5. Yes, but again, not on a regular basis.
6. Yes, especially since the IMR program started. I believe the core team in Lebanon provides/receives trainings more than others may get.
7. I am not in a clinical position.
8. Don't know.
9. Does not apply directly to my position.
10. Don't know.
11. We deal with children although we do have addiction program at this site for adolescents.
12. Not sure.
13. Not to me. To other programs they do.
14. Services are always offered if the client should need. Emergency service is also available if needed.
15. Agency does not provide this agency-wide.

16. Don't know.
17. I have received this type of training on an as needed basis.
18. We focus on strength based and evidence based practices.
19. ?
20. In our recovery programs, not in child where I work.
21. I am a development officer (fundraiser) so I would not have first-hand knowledge of this.
22. Unsure.
23. Unknown.
24. I work with children.
25. To recovery staff, not across the board.
26. In supervision, but have not had a formal training.

3. In helping people with mental illness establish a recovery oriented treatment plan, do you find your agency supportive? (Give examples)

Often	Sometimes	Seldom	No Answer
44/72	8/72	1/72	19/72
62%	11%	1%	26%

3. In helping people with mental illness establish a recovery oriented treatment plan, do you find your agency supportive? (Give examples)

1. Not sure I understand the question. Are they supportive of my doing my therapeutic work? Yes, except in one area, they have forbidden the use of EMDR although I have been doing it for 3 years in the agency and am a certified EMDR clinician.
2. Unsure. Work with children – don't follow a "recovery" model.
3. No idea.
4. I believe this to be so but I have been employed less than 3 months. The treatment focus is about improving the health of the clients. The clients I see are frequently dealing with substance as well as co-occurring a lot and tied to the treatment plan.
5. Therapists some available (sic).
6. Our paperwork reflects recovery orientation and the expectation is that we maintain that perspective with clients. However, due to the certification process, we also need to be noticing and documenting functional impairments – which is tough for clients when they ask to see their records.
7. I know that my co-workers always aim to coordinate with clients to make a plan that clients feel good about and that will help them with recovering, establishing a healthy supported life, and possibly graduating from treatment.
8. Don't know.
9. Services are individualized for each client's needs and supports are provided for clients to engage in positive life skills.
10. Don't know.
11. As a child therapist, I don't have this info.
12. Clinicians review the tx plan with consumers at least every three months.
13. My supervisor has helped me develop strong treatment plans by working directly with me on them.
14. WCBH wants to help clients get the best treatment for them individually. If we don't have the right fit for them, WCBH will help them find the services best fitted for them.
15. Don't know.

16. I feel as though our clients do not "graduate" from our program, although many are at that point due to financial reasons on our part i.e. clients don't need us anymore and we keep them due to productivity needs.
17. Continues to be difficult to objectively measure outcomes and determine when clients should be discharged from treatment.
18. Yes, we design treatment plans individually according to the needs of the client.
19. Yes, the treatment plan is quite clear and I am always able to call for clarification or direction.
20. Team supervision. Ability to consult with other programs (e.g. Emergency Services, other clinical supervisors, etc.)
21. Supervision helps/gives us support and guides us towards remaining recovery oriented.
22. Yes, we attempt to focus on specifics in treatment planning for short- term recovery as well as long term needs.
23. Case managers work in support of therapist, teachers and other community agencies to assist a person or persons with their needs.
24. The recovery model is always present when reviewing cases in our supervisions sessions, recovery planning meetings and quarterly revisions of individual clients.
25. I only work with children.
26. I think adding the personalized goals was a great

4. Do you find services are truly based on consumer needs and interests?

Often	Sometimes	Seldom	No Answer
53/72	9/72	0/72	10/72
74%	12%	0%	14%

4. Do you find the services offered are based on consumer needs and interests?

1. The most impressive services are the Activity Groups and Summer Camps for children as well as the in-home family work for stressed families.
2. No idea.
3. However, we often have to service clients w/services that aren't a great fit, i.e. someone is referred for DBT because of SI, but a low cognitive functioning limits its usefulness (see question 6 answer #3).
4. The treatment is uniquely associated with the current phase of development of the individual client. The work is client centered.
5. I believe so.
6. I think we do a nice job trying to meet consumers where they are and respect their own goals.
7. Our plans/actions are based on client's desires and needs often with additional information and support from their family members.
8. Often, as far as the course I teach is concerned.
9. Within our power we always try to tailor services to needs of consumers.
10. Every client is offered the best services for what is going to help them.
11. Don't know.
12. We respond to one presenting problem and diagnostic needs of all clients.
13. Six years ago we started a large campaign for education and prevention of suicide. Staff and community members alike work very hard in raising funds and distributing info to the public.
14. Many clients have needs and interests that crop up that they have not identified on treatment plan and this sometimes limits.

5. When you represent consumer requests/needs to your agency staff, are they responsive? (Give examples)

Often	Sometimes	Seldom	No Answer
45/72	9/72	0/72	18/72
63%	12%	0%	25%

5. When you represent consumer requests/needs to your agency staff, are they responsive? (Give examples)

1. Not requested to do this often. But in general, in providing special Activity Groups, agency is responsive.
2. ?
3. Our in-house supervisor is very responsive to consumer concerns.
4. I am a new employee and this hasn't happened yet.
5. My supervisor spends a great deal of time reviewing client needs, requests and often directs supervision around helping the exact situation be resolved, allowing for multi team players to provide their own specialized input.
6. Depends on who consumer is and staff who is responsive.
7. I believe that the staff always takes information into account and will be as responsive as they can be.
8. Don't know. I don't see the people who took the course again.
9. Depends on availability of funding.
10. Yes, my supervisor always passes on my concerns or gives me helpful feedback around how to address my client's needs.
11. My supervisor is. Respite program is too slow with referrals (5 years for one kid to be matched).
12. Whenever I have shared client's needs or concerns with staff, they have attempted to help in meeting the client's needs.
13. Yes, staff will go above and beyond to make sure clients get the proper services needed. All clients are also made aware of our emergency services if needed after hours. This helps our clients feel they always have support.
14. Limited finances and funding for "variety" results in my making few requests.
15. Don't know.
16. Recent client with numerous (recent) deaths in family – discussed at a team meeting and client was able to see AOP staff for grief counseling tailored to her brain injury needs.
17. Sometimes members do not become involved in team discussions and problem solving. Therapists tend to like to specialize and it's sometimes difficult to get additional supports in place in timely manner.
18. They are always responsive to client needs.
19. I always get a call back whenever I have questions.
20. Supervision quickly available. Team support.
21. Questions are usually answered in a timely manner.
22. One example is our clinic hours, which provide evening treatment for working families.
23. I have always felt that I can bring forth any suggestion of consumers, even if it is a complaint.
24. Need to have longer evening hours to accommodate working parents had to be requested and was granted.
25. However, there is often a wait of several weeks between time of eligibility eval and when services begin.
26. Often, especially in area of financial assistance so client can still receive services. Client often requests groups that are focused on social skill, recreation or leisure to practice – with support, but insurances don't cover.
27. Client's requests are always addressed.

6. Do you find an individual's services restricted by lack of funds? (Give examples)

Often	Sometimes	Seldom	No Answer
12/72	27/72	14/72	19/72
17%	38%	19%	26%

6. Do you find an individual's services restricted by lack of funds? (Give examples)

1. Yes, in that private insurance clients are not able (except at enormous expense) to utilize Activity Groups and Therapeutic Camps. This creates a 2-tier system of care.
2. Private insurance limitations on number of sessions and don't pay for case management.
3. Clients wish to limit services because of costs to them. Not being able to provide best fit services (see question 4 answer #3).
4. Unemployed people unable to obtain Medicaid.
5. Clients can receive low or very low fee service.
6. Clients who don't have Medicaid are sometimes not able to afford (even with discounted services) some services that would benefit them such as regular case management and therapeutic behavioral services and group therapy.
7. In some cases I personally have provided services that we know we will not get paid for (ex. Takes more time in one day than insurance will pay for.) We always act on what is best for the client.
8. WCBH's inability to serve clients who live in Grafton Co. and have insurance other than Medicaid or Medicare (AOP).
9. Don't know.
10. Patient's Medicaid seems to lapse frequently which leads to disruption in continuity of care. Funding for children w/o Medicaid for case management services is not available and is a big problem in some circumstances.
11. Not involved in that phase of the process.
12. Don't know. I don't work at sites where clients are seen.
13. Consumers with private insurance often have limited coverage for group treatment, or limited coverage for number of individual sessions. The agency does provide a sliding fee for uncovered services but this can still be prohibitive for consumers.
14. This happens occasionally when private insurance does not cover a certain service, like case management or therapeutic behavioral supports that may benefit a client.
15. Clients with commercial insurance if they have a high deductible we will work with the client. It becomes very stressful for us when we are not providers. We do our best to still help give them options.
16. Don't know.
17. Respite, group and individual functional supports are not affordable to non-Medicaid clientele so restricts their access to innovative programming being offered in our clinics. If Healthy Kids Gold parents return to work or get, children often don't qualify and Healthy Kids Silver restricts services available to client family, which have been critical parts of treatment plan.
18. We are able to provide for all our clients' needs.
19. Clients who can't afford medications. Clients who have fees they can't pay, spend downs, etc.
20. Spend downs for Medicaid – no dental care for adults – prior auths for a lot of pills.
21. Not funding per se, except for Medicaid, but finances due to insurance termination/Medicaid lapsing, insurance benefit maxing, Medicaid capping, insurance non-covered services or Dx codes.
22. Yes, there are always clients who cannot pay or don't have insurance, particularly the parents of children who are clients.

23. Our case managers could do so much more for children and their families if additional resources were available.
24. Clients with managed care insurance face restrictions including children with Healthy Kids Silver.
25. Most glaringly for family education about mental illness and family work.
26. Especially painful to see a child lose TBS if switched to Medicaid Silver due to parent earning just a bit more and child ineligible for Medicaid Gold. We serve a very high population here and many of our child clients need TBS.
27. Long wait (4 mos) to get an appointment for eligibility eval.
28. Especially needs client have that would encourage more integration into community recreation and leisure. Also, office based work with some clients restricted especially if needed access to long distance phone and/or computer money and client can't in community.
29. I don't know that I understand this question.

7. Are your agency's managers accessible to you?

Often	Sometimes	Seldom	No Answer
55/72	9/72	1/72	7/72
76%	12%	1%	10%

a. Are your supervisors accessible to you?

Often	Sometimes	Seldom	No Answer
62/72	6/72	0/72	4/72
86%	8%	0%	6%

b. Do you find managers/supervisors helpful when you have questions, problems, or ideas that you wish to discuss?

Often	Sometimes	Seldom	No Answer
58/72	6/72	1/72	7/72
81%	8%	1%	10%

7. Are your agency's managers accessible to you?

1. Director of this clinic is available and helpful. If we seek out the top clinical managers they are responsive; they never show up in the clinic unless there are lawsuits or something threatened.
2. My own program director, yes.
3. In-house, yes. Admin bldg, no.
4. Todd is wonderful – he will assist with anything.
5. My team leader/director is always available to use, no matter how small or large the issue.
6. Our clinical managers are excellent and very responsive to staff needs.

a) Are your supervisors accessible to you?

1. Yes, sometimes.
2. My supervisor is also very responsive and totally available.
3. Often, though less so than in the past as supervisor demands have increased.

b) Do you find managers/supervisors helpful when you have questions, problems, or ideas that you wish to discuss?

1. The higher up the chain of command, the less helpful. Diane Roston has been an exception.

2. Sometimes my direct supervisor is a bit defensive about certain subjects. I am hesitant to give my supervisor feedback for fear of the response I may get. She seems over-worked and somewhat disorganized.
3. I am the maintenance tech – don't have contact with clients.
4. We have excellent responsive management. This is a great place to work.
5. Team leader and director are very accessible which makes dealing with client or administrative issues easier.

SECTION IV: POLICY

Policies and procedures ensure that fundamental organizational processes are performed in a consistent way that meets the organization's needs. Policies and procedures can be a control activity used to manage risk and serve as a baseline for compliance and continuous quality improvement. Adherence to policies and procedures can create an effective internal control system as well as help demonstrate compliance with external regulations and standards.

The WCBH BOD is ultimately responsible for establishing the policies for the governance and administration of the CMHP. Policies are developed to ensure the efficient and effective operation of the CMHP. The BOD, through a variety of methods, is responsible for demonstrating adherence to the requirements of state and federal funding sources.

At the time of the review WCBH was in partial compliance with all the requirements referenced above.

REQUIREMENTS:

He-M 403.05 (e) A CMHP Board of Directors shall establish policies for the governance and administration of the CMHP and all services through contracts with the CMHP. Policies shall be developed to ensure efficient and effective operation of the CMHP-administered service delivery system and adherence to requirements of federal funding sources and rules and contracts established by the department.

He-M 403. 07 (a) (1) through (6) A CMHP shall establish and implement written staff development policies applicable to all administrative, management, and direct service staff which shall specifically address the following: job descriptions; staffing patterns; conditions of employment; staff grievance procedures; staff performance reviews and individual staff development plans.

He-M 403. 07 (e) (1) through (5) A CMHP shall provide an Orientation for all new staff providing services to persons with mental illness, which, at a minimum, shall include: The service delivery system at the state and local level, including family support and consumer self-help programs; mental illness, including the effects of mental illness on persons having such illness and current practices in treatment and rehabilitation; all Department rules applicable to community mental health services provided by the staff member; accessing generic services, so that such staff are familiarized with social, medical, and other services available in the local community; Protection of Consumer Rights pursuant to He-M 202 and He-M 309.

He-M 403.06 (a) (6) A CMHP shall provide the following, either directly or through a contractual relationship: Protection of Consumers' Rights pursuant to He-M 202 and He-M 309.

OBSERVATIONS IV-A:

Although a policy manual was provided, it appeared incomplete and contained policies from different time periods. Though the cover sheet included the signatures of the CEO and Medical Director dated January 14, 2009, there is no indication of BOD review and approval. In addition there were other policies and documented procedures (billing) located separately from the policy manual.

Though He-M 403 includes minimal policy requirements, an agency policy manual should be more comprehensive in order to address the governance, operations and administration of the CMHP. In addition to those requirements included in He-M 403 and cited above, there may be many other policies the agency might consider to assure efficient and effective operations.

RECOMMENDATIONS IV-A:

It is recommended that a comprehensive policy manual be developed, reviewed, signed and dated by the BOD.

At a minimum the policy manual must address the policy requirements outlined in He-M 403 cited above including:

- He-M 403. 07 (a) (1) job descriptions;
- He-M 403. 07 (a) (2) staffing patterns;
- He-M 403. 07 (a) (3) conditions of employment;
- He-M 403. 07 (a) (4) staff grievance procedures;
- He-M 403. 07 (a) (5) staff performance reviews;
- He-M 403. 07 (a) (6) individual staff development plans;
- He-M 403. 07 (e) A CMHP shall provide an Orientation for all new staff providing services to persons with mental illness, which, at a minimum, shall include:
  - He-M 403. 07 (e) (1) The service delivery system at the state and local level, including family support and consumer self-help programs;
  - He-M 403. 07 (e) (2) Mental illness, including the effects of mental illness on persons having such illness and current practices in treatment and rehabilitation;
  - He-M 403. 07 (e) (3) All Department rules applicable to community mental health services provided by the staff member;
  - He-M 403. 07 (e) (4) Accessing generic services, so that such staff are familiarized with social, medical, and other services available in the local community;
  - He-M 403. 07 (e) (5) Protection of Consumer Rights pursuant to He-M 202 and He-M 309.
- He-M 403.06 (a) (6) A CMHP shall provide the following, either directly or through a contractual relationship: Protection of Consumers' Rights pursuant to He-M 202 and He-M 309.

CMHP RESPONSE IV-A:

OBSERVATION IV-B:

The agency should be commended for the specific written billing procedures that it has available for the staff. The CMHP has written accounting policies for the applicable departments which is included in the Procedure Manual. However, there are billing policies that are located in a separate Client Financial Service Supervisor Procedure Manual. In addition, there are a few policies that the agency should consider incorporating in order to strengthen the internal controls of the agency.

RECOMMENDATIONS IV-B:

It is recommended that all policies (including financial) be consolidated in one policy manual.

The agency should consider developing the following written policies for:

- Seeking written proposals for services, property or major purchases;
- Differentiating between capital expenditures and repairs;
- Requiring written approval for non-recurring journal entries;
- The use and accountability of credit cards including the supervising of any Executive Director's expense by the Board;
- Employee benefits including health insurance, leave time, retirement, workman's compensation;
- Conditions of employment;
- Payroll information;
- Confidentiality;
- Employee rights and responsibilities;
- Drug free workplace;
- Background checks.

CMHP RESPONSE IV-B:

SECTION V: FINANCIAL

The purpose of financial oversight and monitoring is to ensure that public funds contracted to the CMHP are managed according to all applicable statutes, rules and regulations. Self-monitoring of a CMHP not only helps ensure the integrity of the single agency but the statewide mental health system. An insolvent CMHP cannot attain its Mission.

An essential role of a BOD is fiduciary oversight. In order for a CMHP BOD to be able to meet its fiduciary responsibilities to the State and the people it serves, several things must occur. The BOD often has a Finance Committee that assists with the development of the yearly budget and reviews monthly financial statements, yearly audits and other information. In addition, the Finance Committee and the CFO shares information with the BOD. Discussion of these issues should be well documented in the monthly Board minutes.

It is essential for any CMHP to have a comprehensive Financial Manual with policies and procedures that guide the day-to-day operations of the CMHP. Ongoing monitoring for compliance with internal control policies and bylaws is essential. In addition, there should be ongoing internal monitoring of financial and billing systems in order for an agency to remain solvent. Documentation of theses internal controls is also essential.

The purpose of financial oversight and monitoring by the State Mental Health Authority is to review the financial performance of the CMHP. Best practices that serve to enhance the system as a whole through continuous improvement are also identified.

Please note that the format of this section differs from the remainder of the report. This is due in part to He-M 403 not including most financial areas addressed during the reapproval review. Some of the areas below are addressed in BBH contract and others are general comments and best business practices.

At the time of the review WCBH was in substantial compliance with all the requirements referenced above.

OBSERVATIONS V-1:

The MOU between BBH and WCBH regarding performance domains and standards was piloted during the state FY2005. These performance domains include financial ratios that are shared with the CMHPs on a monthly basis.

BBH calculated the financial performance standards using unaudited financial statements for FY2005. WCBH did not conform to all of the fiscal domain benchmarks set by the MOU. Subsequent to fiscal year 2005, WCBH has been submitting monthly financial information for the continued calculation of the financial performance standards.

BBH is concerned about WCBH's Days of Cash on Hand Ratio. In June 2005, the ratio indicated only 8.36 days, however, in June 2006 this number decreased to 3.15 days. Because of the cash flow generated from the sale of property and investments, the ratio increased to 27.41 as of June 30, 2007. Once again at the end of June 30, 2008 the ratio dropped back to 12.52 days.

BBH compiles an annual report for the CMHPs that includes 5-year financial trend analysis. One section of the report addresses the liquidity of the CMHPs. Liquidity refers to the entity's ability to maintain sufficient liquid assets such as cash and accounts receivable to meet its short-

term obligations. Two ratios used to measure liquidity are Current Ratio (current assets divided by current liabilities) and Days' Expenses in Cash (year end cash balance divided by average expenses per day).

Out of the ten CMHPs, WCBH's current ratio (average over five years) ranked ninth and the Days' Expenses in Cash ranked last (see table below).

Comparative Analysis of CMHP Liquidity

Five Year Trends and Highlights
(2004-2008)

REGION/ TREND		Current Ratio Fiscal Year						Days Expenses In Cash Fiscal Year					
		2004	2005	2006	2007	2008	Avg.	2004	2005	2006	2007	2008	Avg.
	Agency A	3.1	3.2	3.2	3.0	2.6	3.0	43.2	56.8	76.3	82.7	36.1	59.0
	Agency B	2.8	3.0	2.8	4.5	2.6	3.1	38.7	34.9	63.8	94.9	18.5	50.2
	Agency C	1.7	2.0	2.3	2.2	2.4	2.1	23.6	46.0	49.0	56.4	70.6	49.1
	Agency D	2.5	2.7	4.1	4.9	4.6	3.8	26.5	17.5	13.9	30.8	37.6	25.3
	Agency E	0.8	1.0	1.1	1.1	1.0	1.0	19.5	16.5	13.3	26.8	17.5	18.7
	Agency F	1.7	1.5	1.5	1.4	1.1	1.4	16.8	19.2	9.7	17.6	13.4	15.3
	Agency G	1.5	0.9	1.2	1.1	1.1	1.2	12.2	14.0	10.1	15.1	12.8	12.8
	Agency H	1.1	1.1	1.6	0.4	1.2	1.1	18.6	5.7	9.8	3.1	12.8	10.0
	Agency I	2.7	3.6	3.8	3.6	3.0	3.3	24.8	10.5	4.1	6.6	3.7	9.9
	Agency J	1.9	2.0	1.6	1.8	1.8	1.8	14.3	9.6	3.2	5.4	9.3	8.4
II.	**West Central**	**1.1**	**1.2**	**1.2**	**1.1**	**1.5**	**1.2**	**13.1**	**8.4**	**3.2**	**11.2**	**4.4**	**8.1**
STATEWIDE AVERAGE		**1.9**	**2.0**	**2.3**	**2.3**	**2.2**	**2.1**	**24.8**	**25.5**	**26.0**	**35.3**	**25.4**	**27.4**

RECOMMENDATION V-1:

In the event that the budgeted revenues earned are not received in a timely manner, the cash on hand is vital to pay the day-to-day operational expenses. Therefore, it is crucial that WCBH develop a corrective action plan. BBH will then closely monitor the ongoing financial condition of West Central. While there are funds available from the line-of-credit, the agency should not depend on these monies.

CMHP RESPONSE V-1:

OBSERVATIONS V-2:

The agency is to be commended for decreasing the deficit from the emergency cost center over the past four fiscal years. The amount of public support funds it has raised for these services went from $0 in FY05 to $125,000 in FY08. These funds greatly help defray the costs of the program and therefore decrease the deficit by approximately 56% from FY05 to FY08.

The agency has been struggling with losses from operations in three out of the last four fiscal years (FY05 through FY08). An analysis of the audit reports indicated inconsistencies in the allocations of expenses over the various cost centers. There were large fluctuations in the

percentage of changes in expenses that did not correspond to the changes in revenue. This may prohibit an understanding of what may be the root cause of these losses from operations.

RECOMMENDATION V-2:

There may be valid reasons for these drastic variances. Examining these variances may assist in understanding recent trends and making the necessary changes to start decreasing the deficits from operations.

CMHP RESPONSE V-2:

OBSERVATION V-3:

The BOD and its Finance Committee have overall responsibility for the fiscal health of the Agency. Minutes of the BOD meetings reflect ongoing discussions regarding the fiscal status of the Agency and strategies to enhance resources. It was also evident that the BOD was concerned with the significant losses generated from adult outpatient services. Also documented was significant discussion and brainstorming regarding how to make this program more efficient. The CFO provides the Board with financial information on a regular basis.

During the reapproval interview, the Board inquired if BBH had any statewide ratios available for review. BBH indicated that statewide ratios are distributed to all of the Centers on a monthly basis.

RECOMMENDATION V-3:

WCBH should submit the monthly ratio schedule to the BOD.

CMHP RESPONSE V-3:

OBSERVATION V-4:

The agency had an information technology disaster recovery plan in process. At the time of the review, the plan was about 75% complete.

RECOMMENDATION V-4:

The disaster recovery plan should be completed to ensure the agency maintains adequate documentation for information technology regarding this issue.

CMHP RESPONSE V-4:

SECTION VI: QUALITY IMPROVEMENT AND COMPLIANCE

Quality improvement and compliance activities are expected to be conducted on both the state and local level. The BBH conducts annual quality improvement and compliance reviews and CMHP reapproval reviews on a five-year cycle. Other reviews occur as needed and requested.

He-M 403.06 (i) and (j) outlines the minimum requirements for CMHP quality assurance activities. These include a written Quality Assurance Plan which includes outcome indicators and incorporates input from consumers and family members. The annual plan is submitted to BBH. Other activities include utilization review, peer review; evaluation of clinical services and consumer satisfaction surveys. Please see the findings below regard internal CMHP quality improvement and compliance activities.

At the time of the review WCBH was in substantial compliance with all the requirements referenced above.

REQUIREMENT: He-M 403.06 (i) and (1) A CMHP shall perform active monitoring of services through a comprehensive Quality Assurance Program that is based on a written Quality Assurance Plan that includes outcome indicators and incorporates input from consumers and family members.

OBSERVATION VI-1:

It was difficult to assess the level of consumer and family input into the WCBH Quality Assurance Plan. There was no indication of consumer or family input on QI committee.

RECOMMENDATION VI-1:

It is recommended that WCBH explore ways to include consumer and family input into quality improvement and planning activities.

CMHP RESPONSE VI-1:

REQUIREMENT: BBH Contract Exhibit A Scope of Work K. The contractor agrees that it will perform, or cooperate with the performance of, such quality improvement and or utilization review activities as are determined to be necessary and appropriate by BBH within timeframes specified by BBH.

OBSERVATION VI-2:

The team from the Office of Improvement, Integrity, & Information (OIII) within DHHS participates in the annual quality improvement and compliance conducted by BBH. The focus of the OIII review is to verify supporting documentation in the clinical record for a sample of claims submitted to and paid by Medicaid.

A total of 969 claims were reviewed and 70 claims were found to have inadequate documentation. 60% of these errors were due to services not being listed on ISPs or addendums including quarterly reviews. These findings, if applied across the eligible population, could put

WCBH at considerable risk.

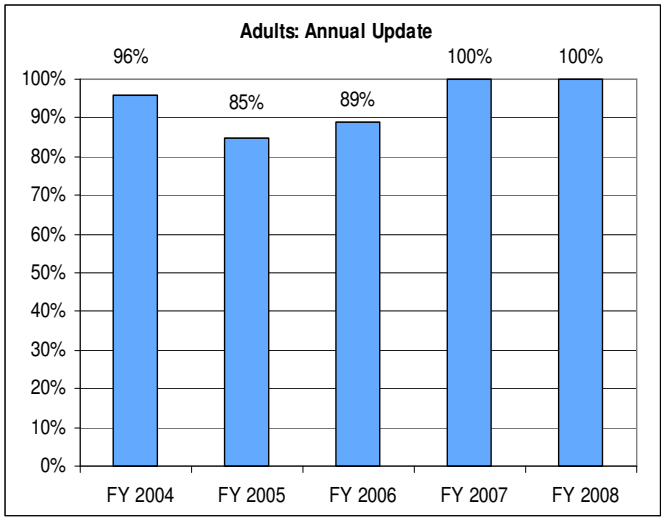
RECOMMENDATION VI-2:

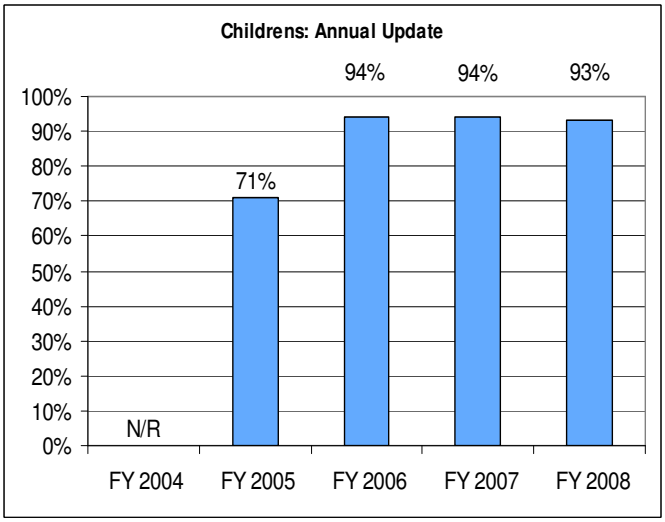
It is recommended that the agency develop internal controls to ensure that all administrative rules are adhered to prior to any billing of services. All services must be ordered by a physician prior to being provided and billed.

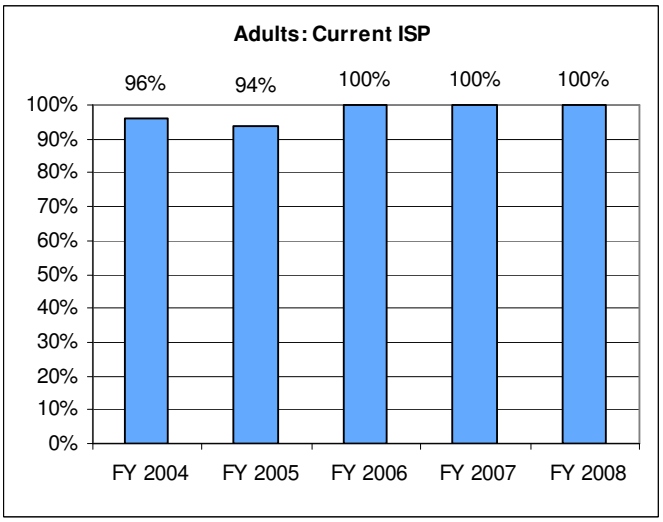
CMHP RESPONSE VI-2:

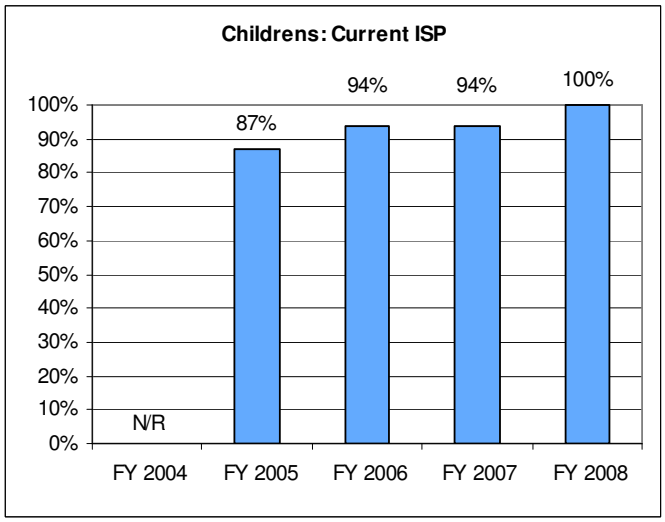
OBSERVATION VI-3:

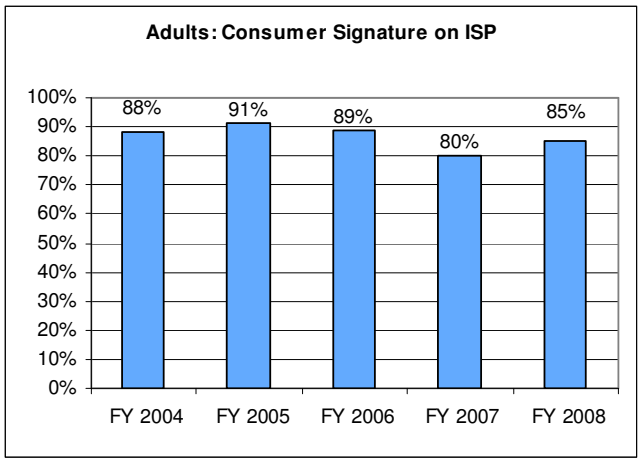
Five-year trend data from the annual BBH quality improvement and compliance reviews has been included as an overview of the WCBH level of compliance with clinical record standards. The charts below reflect some of the clinical record requirements and WCBH compliance levels. "N/R" noted in the charts below indicate that this requirement was not reviewed in a given year. In recent years BBH has requested corrective action plans for any area with a compliance rating of 75% or less. These corrective action plans have already been received as part of that annual process.







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100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
88%
91%
89%
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85%
FY 2004
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FY 2006
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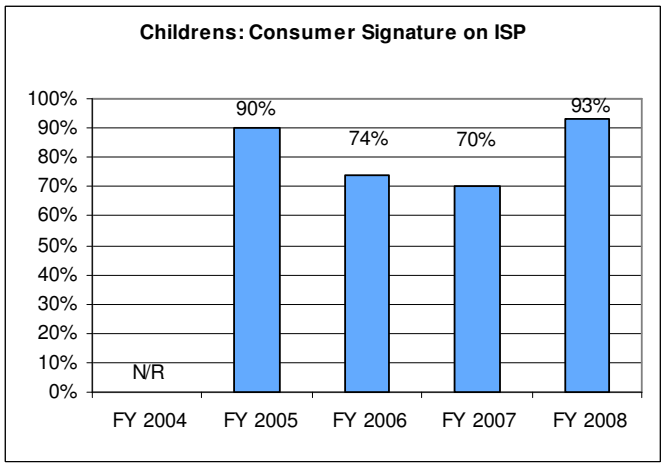
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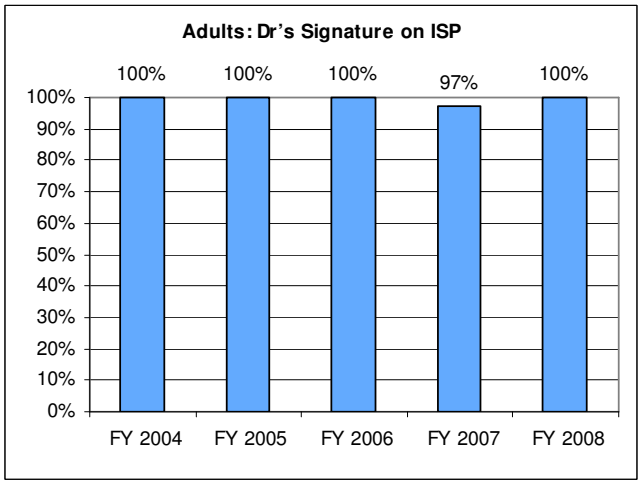
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
N/R
90%
74%
70%
93%
FY 2004
FY 2005
FY 2006
FY 2007
FY 2008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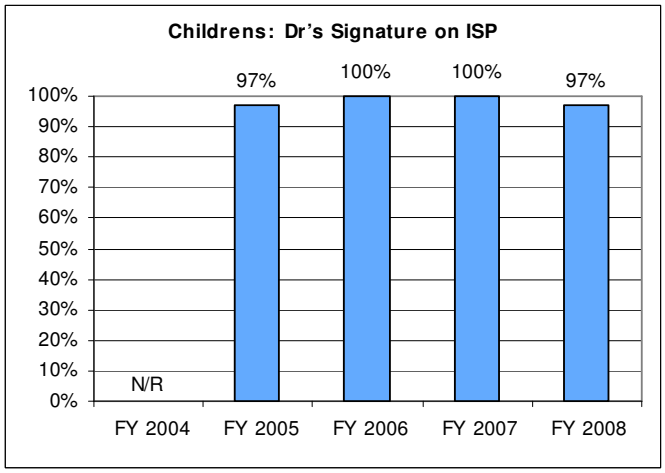
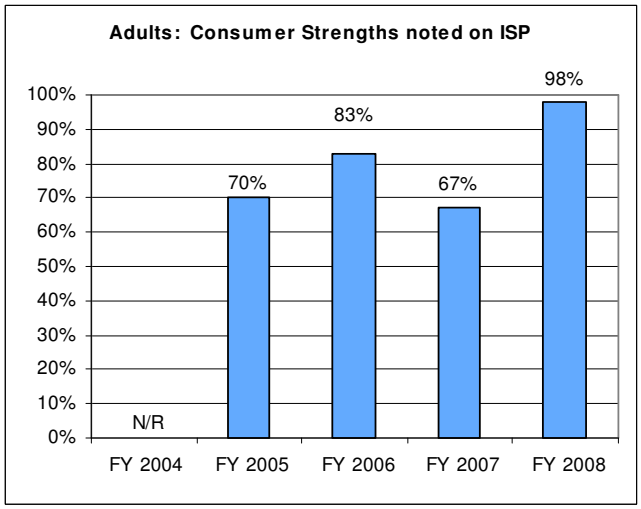
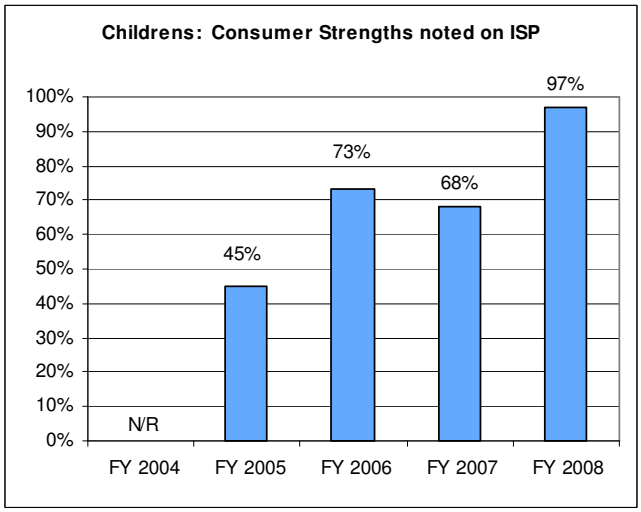
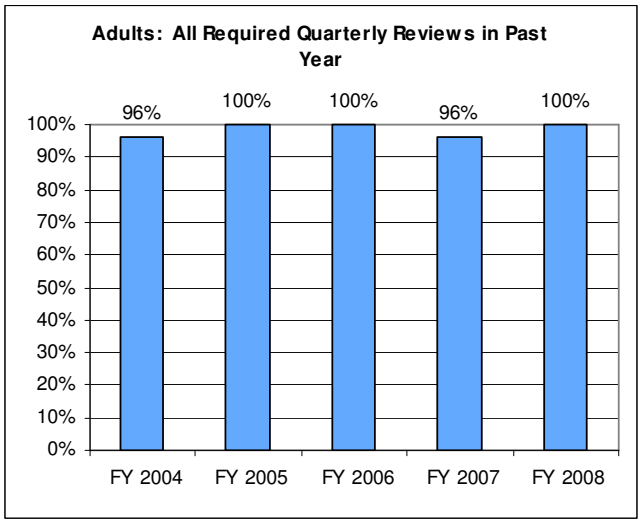
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
100%
100%
100%
97%
100%
FY 2004
FY 2005
FY 2006
FY 2007
FY 2008


Childrens: Dr's Signature on ISP
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
N/R
97%
100%
100%
97%
FY 2004
FY 2005
FY 2006
FY 2007
FY 2008


Adults: Consumer Strengths noted on ISP
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
N/R
70%
83%
67%
98%
FY 2004
FY 2005
FY 2006
FY 2007
FY 2008


Childrens: Consumer Strengths noted on ISP
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
N/R
45%
73%
68%
97%
FY 2004
FY 2005
FY 2006
FY 2007
FY 2008


Adults: All Required Quarterly Reviews in Past Year
96%
100%
100%
96%
100%
100%
90%
80%
70%
60%
50%
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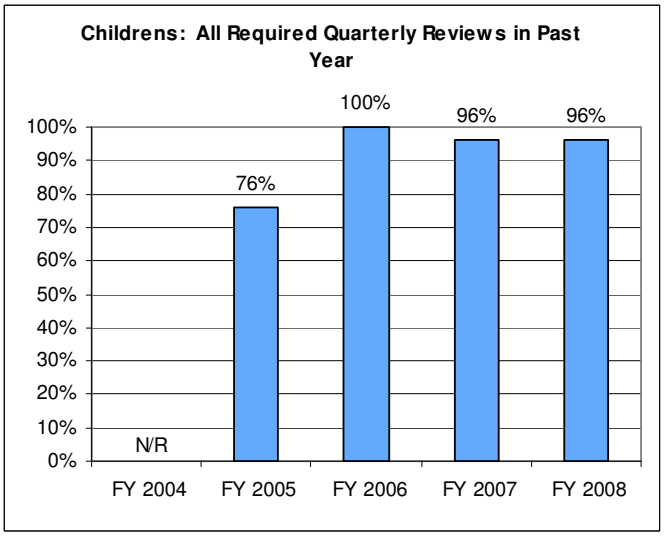
30%
20%
10%
0%
FY 2004
FY 2005
FY 2006
FY 2007
FY 2008


Childrens: All Required Quarterly Reviews in Past Year
100%
96%
96%
76%
N/R
100%
90%
80%
70%
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20%
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FY 2004
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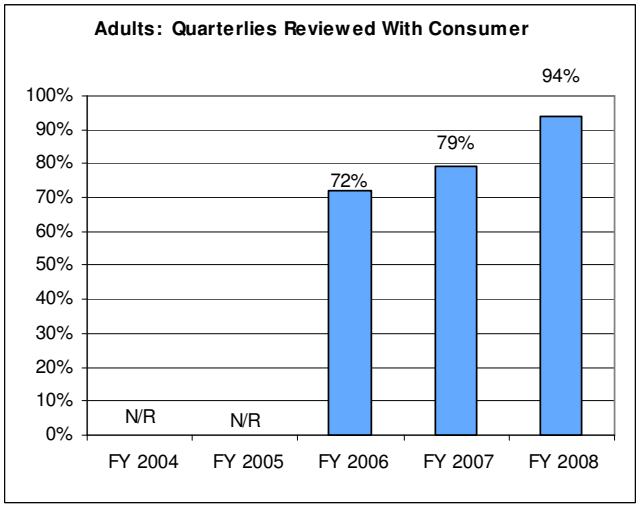
Adults: Quarterlies Reviewed With Consumer
94%
79%
72%
N/R
N/R
100%
90%
80%
70%
60%
50%
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30%
20%
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FY 2004
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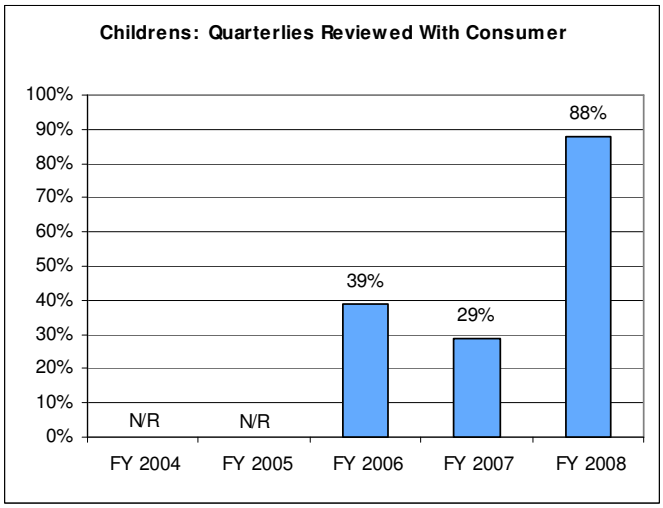
FY 2007
FY 2008


Childrens: Quarterlies Reviewed With Consumer
88%
39%
29%
N/R
N/R
100%
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30%
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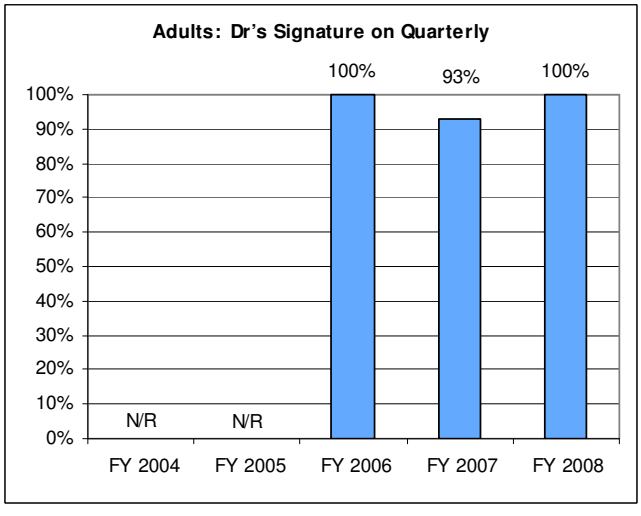
Adults: Dr's Signature on Quarterly
100%
93%
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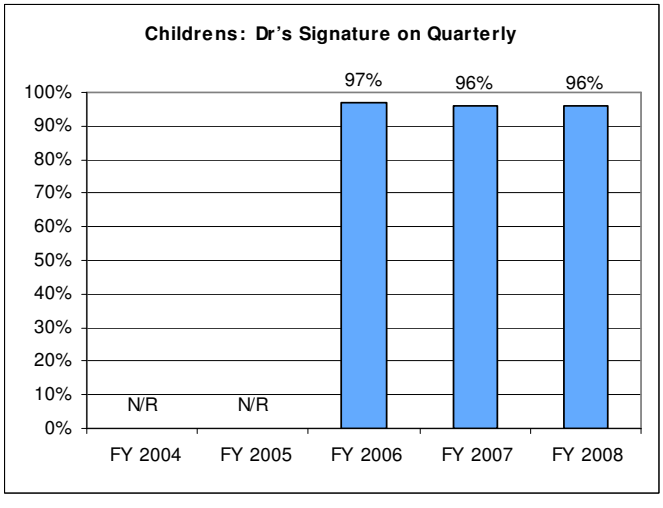
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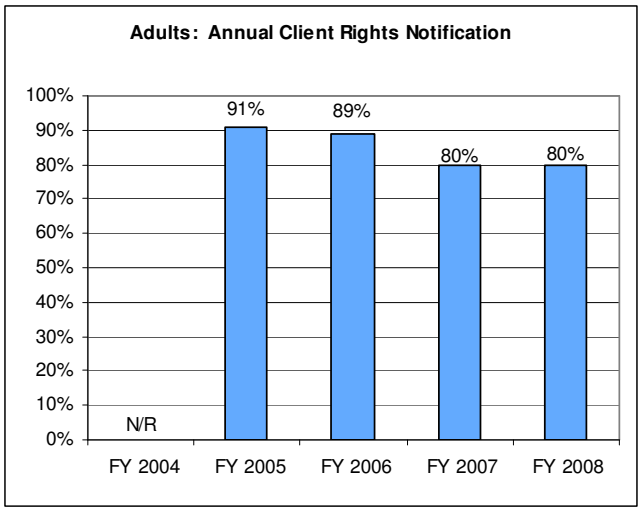
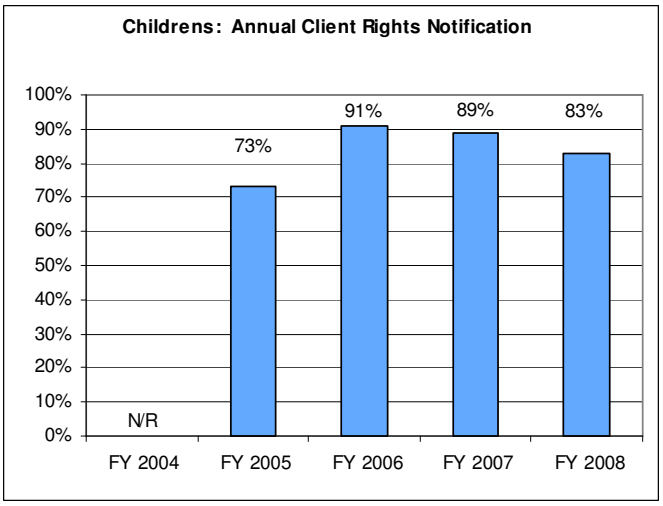
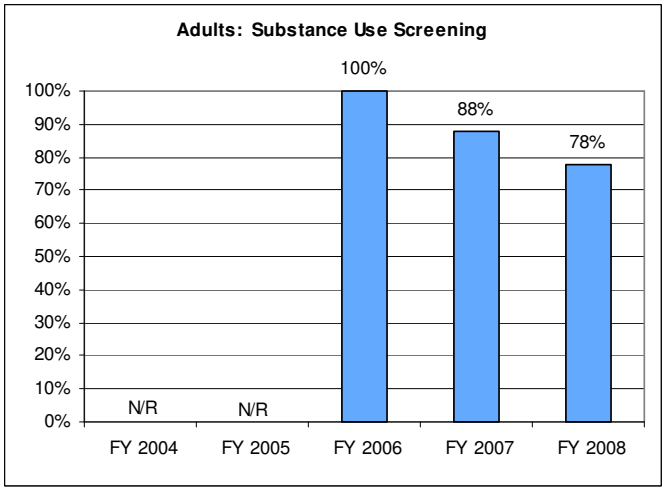
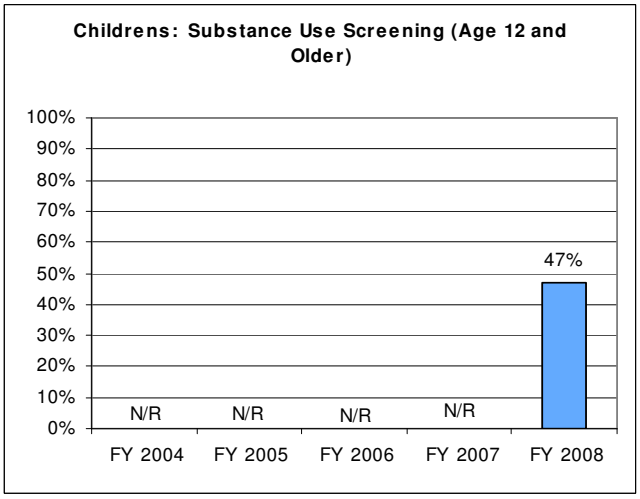








RECOMMENDATIONS VI-3:

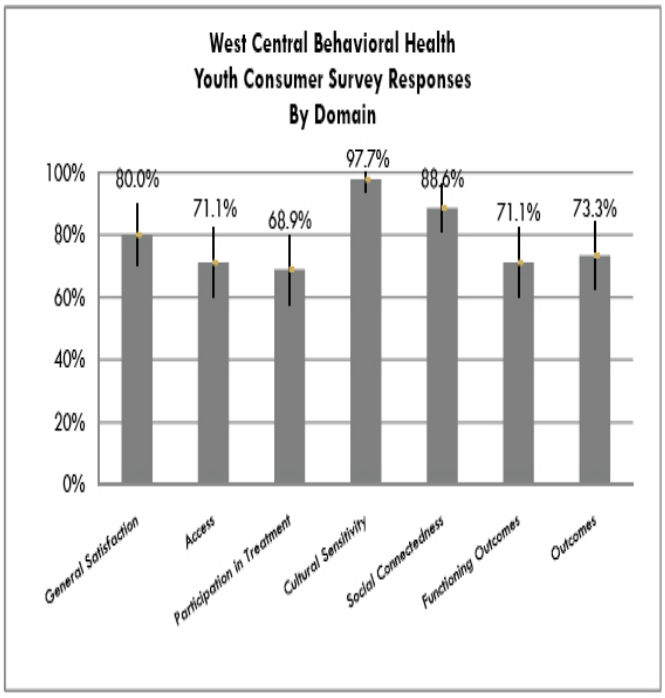
It is recommended that the BBH QI and Compliance Reports be shared with the BOD and utilized in planning activities. It is also recommended that WCBH continue to conduct and document internal quality improvement and compliance activities.

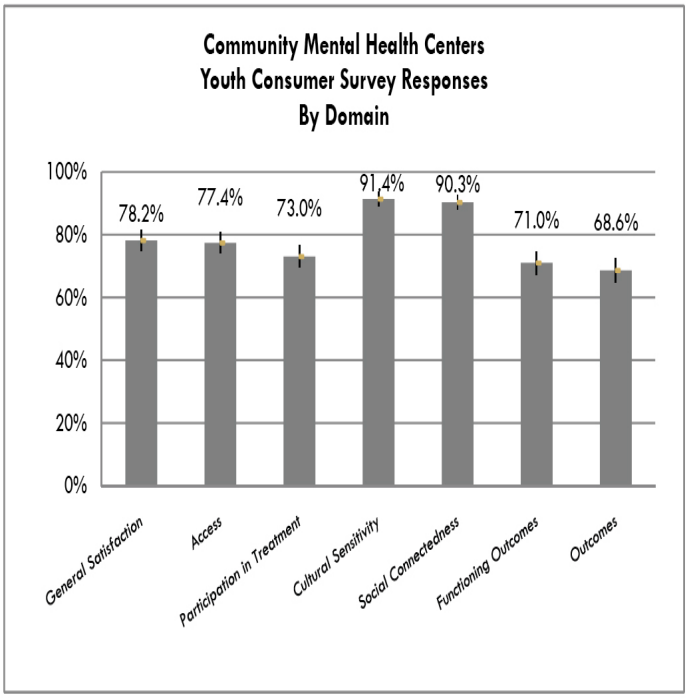
CMHP RESPONSE VI-3:

SECTION VII: CONSUMER AND FAMILY SATISFACTION

In the fall of 2007 the NH DHHS, BBH contracted with the Institute on Disability at UNH to conduct the NH Public Mental Health Consumer Survey Project. The project is part of a federally mandated annual survey of the nation's community mental health centers. The IOD and the UNH Survey Center conducted and analyzed findings for a consumer satisfaction survey of youth (ages 14 through 17), adults (ages 18 years and older), and family members of youth (ages 0 through 17) receiving services from NH's ten community mental health centers.

Below are summary excerpts from reports for both WCBH and the ten CMHPs as a group. Data from the surveys was compiled into seven summary categories including: General Satisfaction, Access, Participation in Treatment, Cultural Sensitivity, Social Connections, Functioning Outcomes and Outcomes. The charts are divided by population into three sections including, youth, adults and family members of youth.





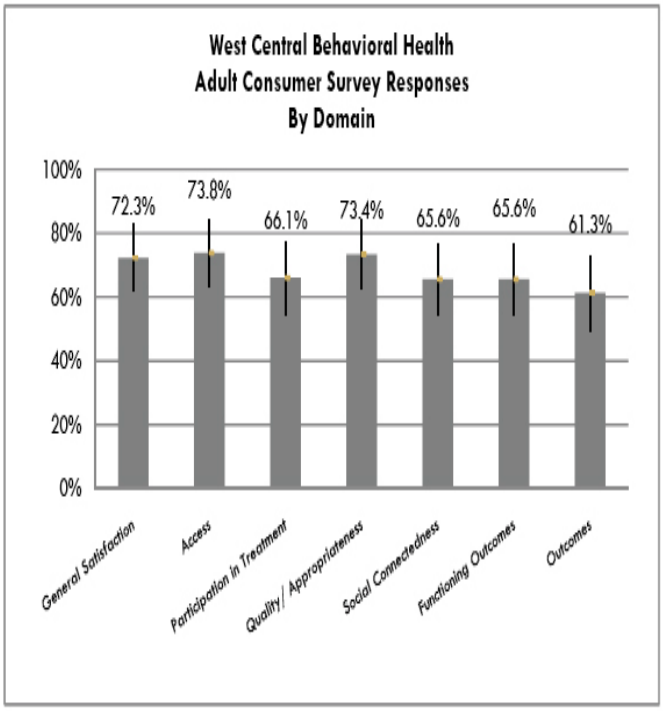
OBSERVATION VII-1:

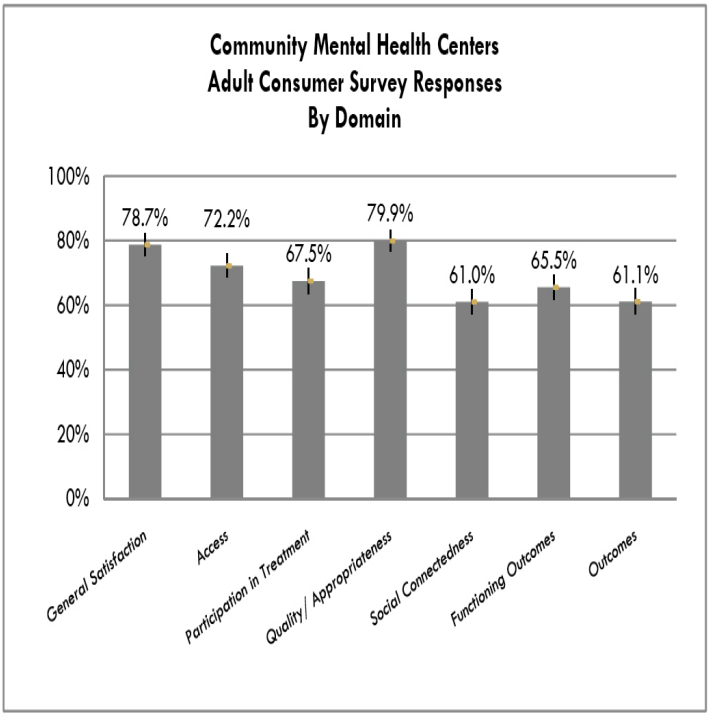
It is noted that WCBH percentages ranked below the statewide average in the following Consumer Survey domains: Access and Participation in Treatment.

RECOMMENDATIONS VII-1:

It is recommended that the NH Public Mental Health Consumer Survey Project be shared with the BOD and utilized in planning activities.

CMHP RESPONSE VII-1:





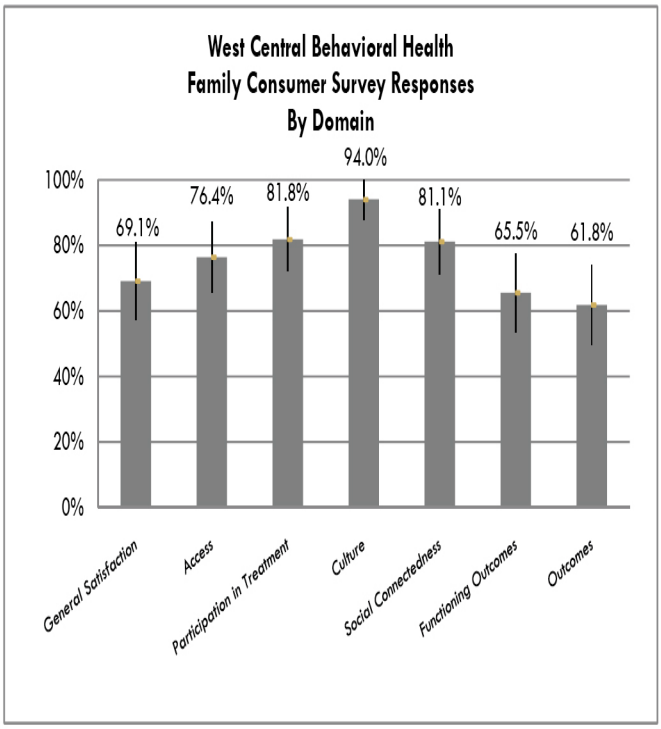
OBSERVATION VII-2:

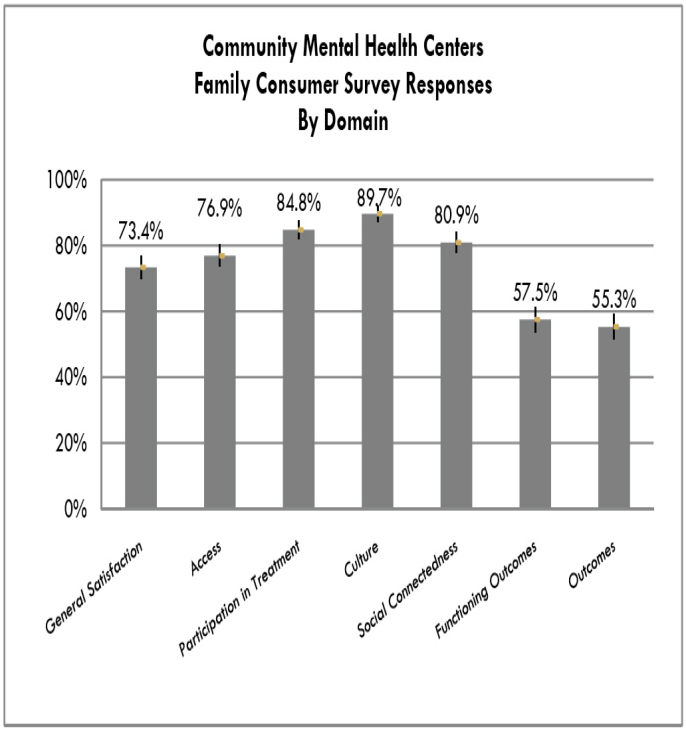
It is noted that WCBH percentages ranked below the statewide average in the following Youth Survey domains: General Satisfaction, Participation in Treatment and Quality/Appropriateness.

RECOMMENDATIONS VII-2:

It is recommended that the NH Public Mental Health Consumer Survey Project be shared with the BOD and utilized in planning activities.

CMHP RESPONSE VII-2:





OBSERVATION VII-3:

It is noted that WCBH percentages ranked below the statewide average in the following Family Survey domains: General Satisfaction, Access and Participation in Treatment.

RECOMMENDATIONS VII-3:

It is recommended that the NH Public Mental Health Consumer Survey Project be shared with the BOD and utilized in planning activities.

CMHP RESPONSE VII-3:

END OF REPORT